

40428053

27-Oct-2004 08:49:22

ALLEN
Male

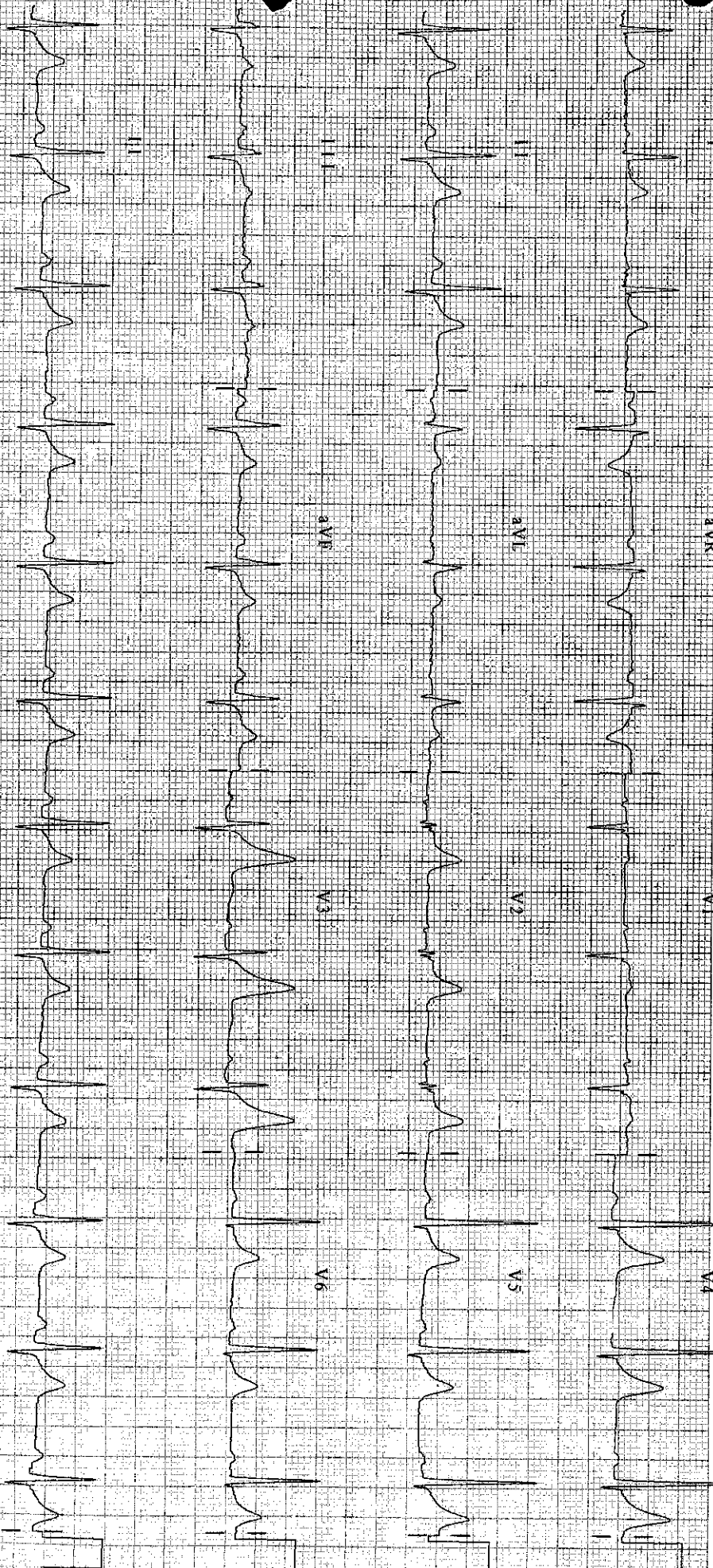
FCI MC KEAN

Operator: JTF

Rate	68	NORMAL SINUS RHYTHM, RATE	68	normal P axis, PR, rate & rhythm
PR	176			
QRSD	92			
QT	350			
QTc	372			
--Axis--				
P	71			
QRS	25			
T	45			

- NORMAL ECG -

Unconfirmed diagnosis.

Reviewed by D. Olson, MD
Date: 10/28/04

BRADFORD REGIONAL
MEDICAL CENTER
EMERGENCY
DEPARTMENT

FIN. CL.	ADMIT BY	TIME	DATE OF ADMI.	AGE
4361609	11 KRY	11/01/03	21:19	AMBL
CART		05/02/64	39	000223187

PATIENT MIDDLE NAME		SEX	M/F	RACE	SOCIAL SECURITY NO.
ANTHONY		M		B	
PATIENT ADDRESS	CITY	STATE	ZIP CODE	COUNTY	A/C TELEPHONE NO.
BOX 500	BRADFORD	PA	16701	MCK	814 362-8900
ACCIDENT DATE & TIME		CODE			
11/01/03 09:00pm		11			
GUARANTOR NAME		GUARANTOR ADDRESS		GUARANTOR TELEPHONE	
FCI MCKEAN		BOX 500 BRADFORD, PA 16701		814 362-8900	
EMERGENCY CONTACT NAME/NEAREST RELATIVE		RELATIONSHIP		ADDRESS	
FCI MCKEAN		GUARDIAN		BRADFORD, PA 16701	
EMPLOYER OF PATIENT		EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
FCI MCKEAN INM		PO BOX 5000 BRADFORD, PA 16701		814 362-8900	
EMPLOYER OF GUARANTOR		EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
FCI MCKEAN INM		PO BOX 5000 BRADFORD, PA 16701		814 362-8900	
INSURANCE NAME		SUBSCRIBER NAME		REL	
FCI MCKEAN INMATE		MCKEAN, FCI		GU	
POLICY/CERTIFICATE ID		GROUP NO.			
INMATE # 40428					
REFERRING PHYSICIAN		PMT		SERVICE	
DR. GLENN IRWIN		E		EMERGE	
FAM NO.		FAMILY PHYSICIAN		PMT CERTIFICATION	
ADM DIAG		DIAG DESC			

STATUS		MEDICAL RECORD	
<input type="checkbox"/> OP Discharged <input type="checkbox"/> IP Admission			
Admitting Physician _____ Admitting Diagnosis _____		Please do not admit to "Covering" phy.	
Room Number _____		Status <input type="checkbox"/> Inpatient Admit <input type="checkbox"/> Telemetry <input type="checkbox"/> Isolation <input type="checkbox"/> Infection <input type="checkbox"/> O2 Needs <input type="checkbox"/> Patient Request Private <input type="checkbox"/> Outpatient - SDS <input type="checkbox"/> Outpatient - Observation	
Nursing Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No Patient Transported to <input type="checkbox"/> Yes <input type="checkbox"/> No Patient is able to sign <input type="checkbox"/> Yes <input type="checkbox"/> No Family Member Available <input type="checkbox"/> Yes <input type="checkbox"/> No Please route family to the Admitting Office		99284 105 1787.03 21558.9	
Comments _____			

AUTHORIZATION TO RELEASE INFORMATION - I hereby authorize the above named hospital to release the medical information to my insurance company for the services rendered this date _____.

SIGNED

ASSIGNMENT OF INSURANCE BENEFITS - I hereby authorize payment directly to the above named hospital for benefits herein specified and otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand that these benefits will be applied to these charges and any other balance due the hospital. I also understand that a COPY of this authorization is as valid as the original. Date _____

SIGNED

PAGE 11

01-Nov-2003 20:04:25

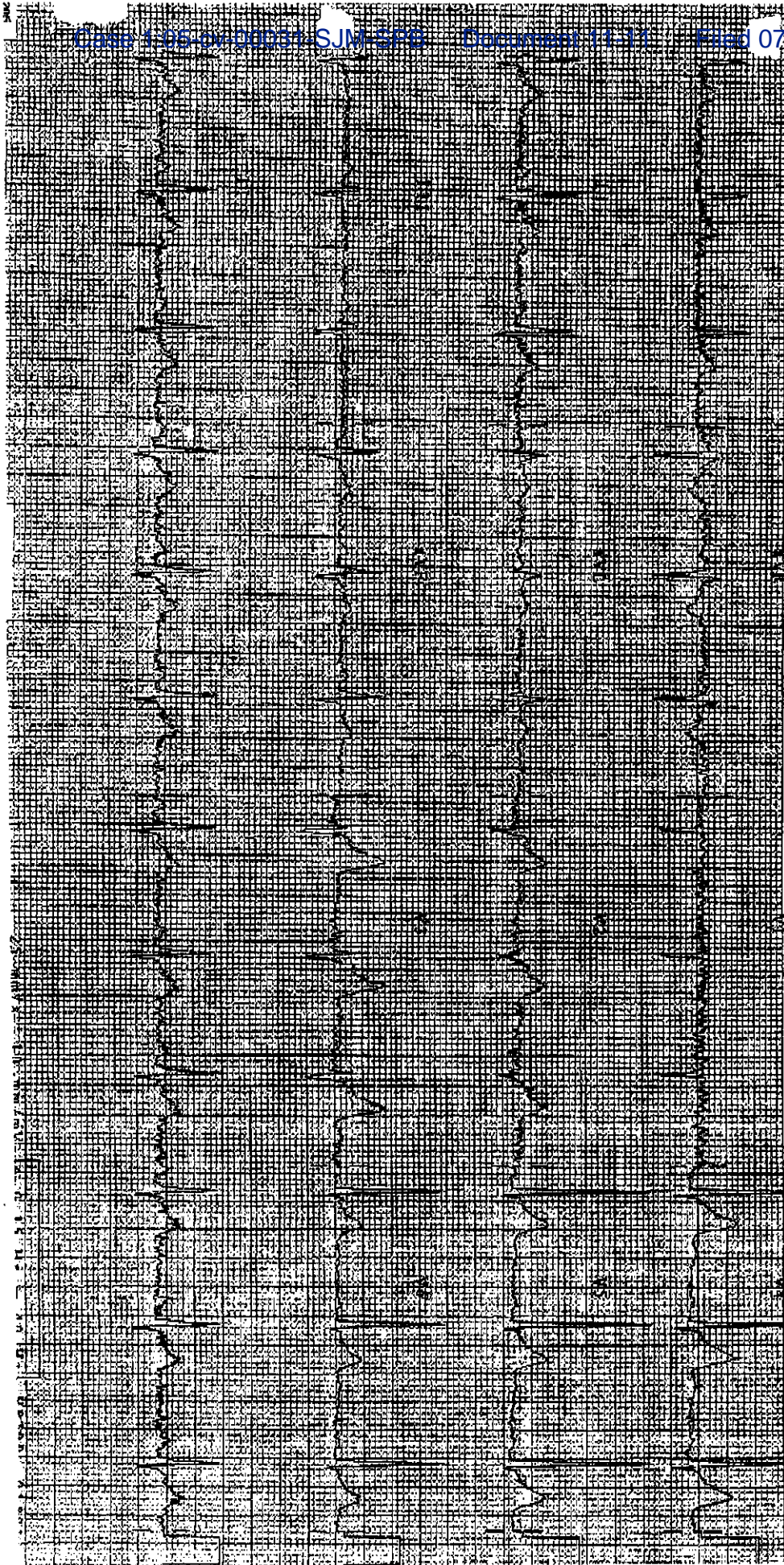
FCI MC KEAN

Rate 69 . AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
 PR 0 . POSSIBLE ATRIAL FLUTTER/FIB, A-RATE 444 V-RATE 69 multiple P's
 ORSD 114 . ANTERIOR Q WAVES, POSSIBLY DUE TO LVH Q30ms VI V2 & LVH
 QT 365
 QTc 391

--Axis--
 P
 QRS 23
 T 43

- ABNORMAL ECG -

Unconfirmed diagnosis.



40428 053

01-Nov-2003 20:07:17 ALLEN
39 Years Male

FCI MC KEAN

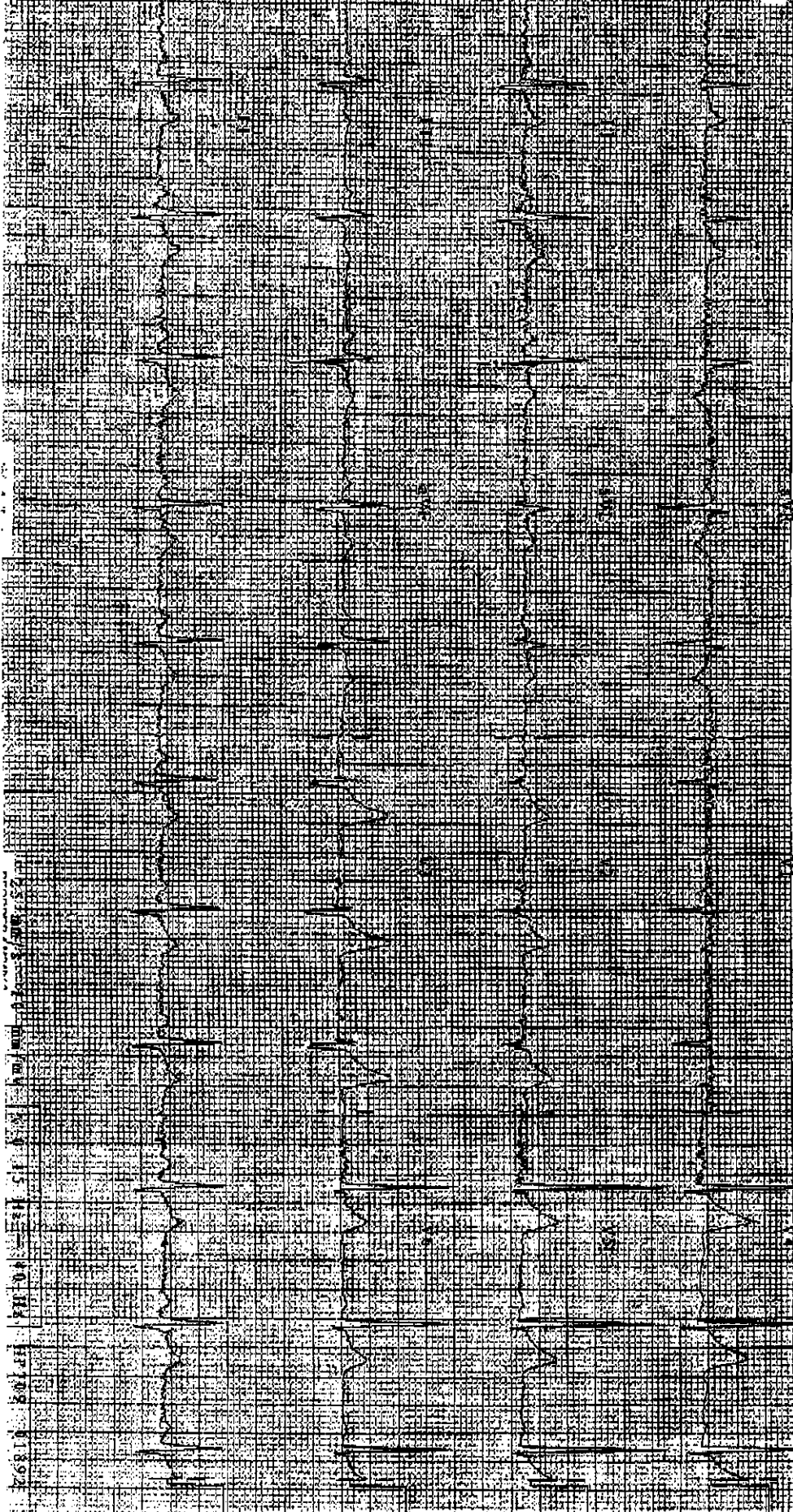
Operator: SL

Rate 65 NORMAL SINUS RHYTHM. RATE 65 normal P axis, PR, rate & rhythm
PR 169 BORDERLINE LEFT ATRIAL ABNORMALITY. P>30ms, <-.10mV V1
QRSD 101 CONSIDER ANTEROSEPTAL INFARCT. Q>30ms, S>30ms, V1 V2
QT 361
QTc 375

--Axis--
P 89
QRS 34
T 36

- ABNORMAL ECG -

Unconfirmed diagnosis.



40428 053

01-Nov-2003 20:10:05 ALLEN
39 Years Male

ECI MC KEAN

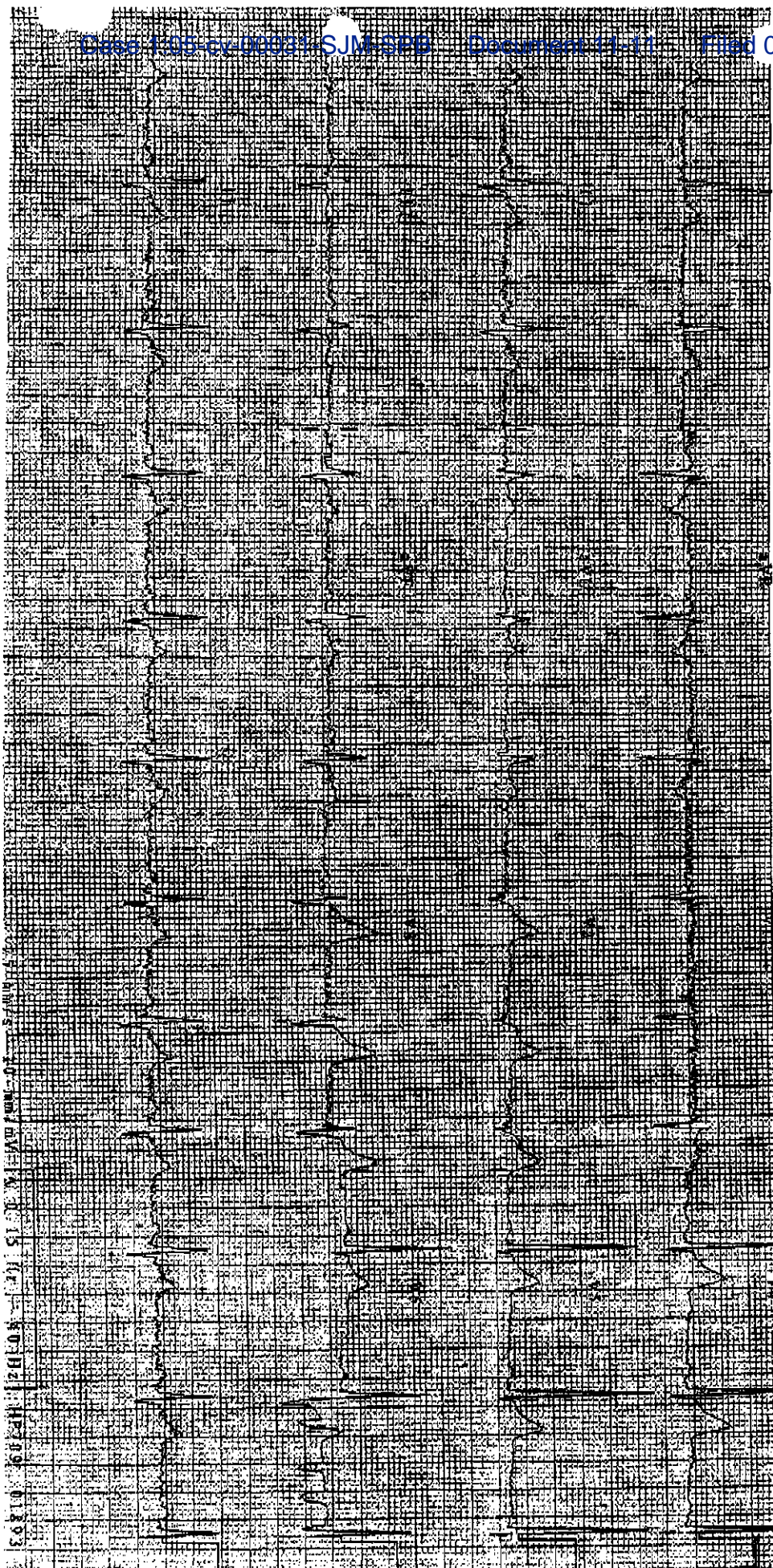
Operator: SL

Rate 65 IRRG RH M OF UNCERT ORIGIN, VAR D RATE 58-79 V-rate variations > 10%
PR 160 BORDERLINE LEFT ATRIAL ABNORMALITY P > 30ms, < -10mV V1
QRSD 109 INCOMPLETE RIGHT BUNDLE BRANCH BLOCK QRS > 100, terminal axis (90, 270)
QT 419 PROBABLE LEFT VENTRICULAR HYPERTROPHY LVH voltage with LAA or LAD
QTc 436 ANTERIOR Q WAVES, POSSIBLY DUE TO LVH Q > 30ms V1 V2 & LVH

--Axis--
P 65
QRS 15
T 22

- ABNORMAL ECG -

Unconfirmed diagnosis



40428 053 01-Nov-2003 20:10:05 ECI MC KEAN Operator: SL

DATE

Note progress of case, complication, consultations, change in diagnosis, condition on discharge, instructions to patient

ECG HR: 67 BPM SpO2: --- % Resp: 17 RPM

NIBP: --- / --- (---) mmHg Interval: OFF

IBP1: --- / --- (---) mmHg

min

Temp: --- °F

IBP2: --- / --- (---) mmHg

PROGRESS RECORD



124

6000-124 10/01

**BRADFORD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT
INSTRUCTIONS FOR FOLLOW-UP CARE**

EMERGENCY ROOM
PHONE (814) 362-8274

Name

Anthony Allen

THANK YOU FOR CHOOSING BRMC EMERGENCY DEPARTMENT FOR YOUR MEDICAL NEEDS. WE HOPE YOU ARE SATISFIED WITH THE CARE YOU RECEIVED. PLEASE CALL THE EMERGENCY ROOM AT (814) 362-8274 OR THE PATIENT REPRESENTATIVE AT (814) 362-8670 IF THERE IS ANY PROBLEM. YOU HAVE RECEIVED CARE FOR AN ACUTE CONDITION. DIAGNOSIS IS NOT ALWAYS CLEAR-CUT UNDER THESE CIRCUMSTANCES AND INDIVIDUAL RESPONSE TO ILLNESS, INJURY AND TREATMENT IS UNPREDICTABLE AT TIMES. THEREFORE, SHOULD ANY OF THE FOLLOWING OCCUR, PLEASE CONTACT OR REPORT TO THE EMERGENCY ROOM OR YOUR PRIVATE PHYSICIAN.

Your current symptoms persist or worsen

New symptoms develop particularly

You feel you are having difficulty with medication

You have any questions that you feel are important,☐ card given

Other instructions:

- ① Diet as tolerated
- ② Nothing but small amounts of clear liquids tonight
- ③ Follow up with regular MD
- ④ Return if any problem

☐ MEDICATION

- The medication you have been prescribed may cause drowsiness. Do not drink alcohol, operate machinery or drive a vehicle while using.

☐ medication information sheet given.☐ CULTURE REPORTS

- You will be contacted if your culture results indicate that a change in your treatment will be needed.

☐ X-RAY REPORTS

- Your x-rays have been read by the Emergency Room physician. They will also be interpreted by a radiologist tomorrow. Should there be a significant change in diagnosis, you will be notified.

☐ TETANUS TOXOID ☐ DIPHTHERIA TETANUS☐ DIPHTHERIA, PERTUSSIS, TETANUS☐ VACCINE INFORMATION GIVEN

Lot #

Manufacturer



431

Date *11.01.03*

Physician Signature

Nurse Signature *[Signature]*

I understand the instructions given to me by the physician.

Patient Signature

6780-431 4/99

*** BRADFORD REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4361609	11	11-01-03	05-02-64	39	M			E	000223187

ALLEN, ANTHONY

BOX 500

Ref Phys:

Att Phys: IRWIN, GLENN, DR.

Adm Phys:

Procedure: 0865 DX - Chest

BRADFORD

Phone#: (814) 362-8900
PA 16701

Adm Dx:

Date: 11/01/03
Time: 21:51

Tech: AY/SG

Req Phys: IRWIN, GLENN, DR.

Reason: ILLNESS

Priority: ASAP

Date to do: 11-01-03

Preg Status: Patient is Male

LMP Status:

Portable: Y

Comments:

Handicap:

Resuscitate:

Radiologist: Mark J. Welch, MD

High Risk Falls:

0865 DX - Chest

Explained to Pt: Y
Preg: NA Shielded: Y
2nd Chk LMP: MALE
AP ERECT CXR PORTABLE

Views: 1

Student:

AP: MAS 5	KvP 76	SID 60
PA: MAS	KvP	SID
LAT: MAS	KvP	SID
OTH: MAS	KvP	SID

===== RADIOLOGY RESULT =====

Date Typed: 11/2/2003

Date Dictated: 11/2/2003

CHEST:

The heart is not enlarged. Hyperaeration is noted. No failure or pneumonia is seen.

IMPRESSION:

No acute disease.

kte

Electronic verification by Mark J. Welch, MD

BRADFORD REGIONAL MEDICAL CENTER
116-156 Interstate Parkway Bradford PA 16701
LAB REPORT

ALLEN, ANTHONY

BIRTHDATE: 05/02/1964 M 39

PATIENT #: 000223187

PT PHONE#: (814) 362-8900

COLLECTED: 11/01/03 21:40

REPORT TO: IRWIN JR, GLENN J

REQ. PHYSICIAN: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
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CPK MB'S AND ISOENZYMES

CPK	185	5-202	U/L
CPK MB	1.0	0.0-5.0	ng/mL

A value greater than 5.0 ng/mL or a % ratio of MB to total CK greater than 2.5 is suggestive of an M.I. when the total CPK exceeds 100.

Interpretation should be based on a MINIMUM of 2 samples collected 4 to 6 hours apart.

CPK/MB RATIO	0.5	0.0-2.5	%
TROPONIN-I	0.00	0.00-1.50	ng/mL

EMERGENCY DEPARTMENT

LAB #D1010172

PRINTED 11/01/03 22:47 Page: 1

BRADFORD REGIONAL MEDICAL CENTER
116-156 Interstate Parkway Bradford PA 16701
LAB REPORT

ALLEN, ANTHONY
BIRTHDATE: 05/02/1964 M 39
PATIENT #: 000223187
PT PHONE#: (814) 362-8900
COLLECTED: 11/01/03 21:40
REPORT TO: IRWIN JR, GLENN J

REQ. PHYSICIAN: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
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ROUTINE CHEMISTRY

ROUTINE CHEMISTRY

GLUCOSE		104	70-120	mg/dl
BUN	L	7.0	8.0-20.0	mg/dl
CREATININE		1.3	0.7-1.5	mg/dl
SODIUM		139	135-147	mEq/L
POTASSIUM		4.2	3.5-5.5	mEq/L
CHLORIDE		100	98-108	mEq/L
CARBON DIOXIDE		27.4	24.0-30.0	mEq/L
ANION GAP		12		
CALCIUM		9.7	8.4-10.7	mg/dl
TOTAL PROTEIN		8.0	6.0-8.0	g/dl
ALBUMIN		4.4	3.0-5.0	g/dl
CHOLESTEROL		165	110-200	mg/dl
TRIGLYCERIDES		53	35-230	mg/dl
BILIRUBIN, TOTAL		0.9	0.0-1.0	mg/dl
AST		22	10-42	U/L
CPK		185	5-202	U/L
STAT - CPK MB		ORDERED		
ALK PHOSPHATASE		112	17-120	U/L
ALT		36	10-60	U/L
AMYLASE		81	20-140	U/L
LIPASE	H	291	114-286	U/L
MAGNESIUM		2.1	1.3-2.4	mg/dL

EMERGENCY DEPARTMENT

LAB #D1010172

PRINTED 11/01/03 22:47 Page: 1

BRADFORD REGIONAL MEDICAL CENTER
116-156 Interstate Parkway Bradford PA 16701
LAB REPORT

ALLEN, ANTHONY
BIRTHDATE: 05/02/1964 M 39
PATIENT #: 000223187
PT PHONE#: (814) 362-8900
COLLECTED: 11/01/03 21:40
REPORT TO: IRWIN JR, GLENN J

REQ. PHYSICIAN: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
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HEMATOLOGY

CBC WITH AUTOMATED DIFFERENTIAL

WBC	10.7	4.8-10.8		
RBC	5.25	4.70-6.10		X 1 millio
HEMOGLOBIN	16.4	14.0-18.0		g/dl
HEMATOCRIT	46.5	42.0-52.0		%
MCV	88.6	80.0-94.0		fL
MCH	H 31.3	27.0-31.0		pg
MCHC	35.3	33.0-37.0		g/dl
RDW	13.6	11.5-14.5		%
PLATELET COUNT	280	130-400		X 1000/uL
NEUTROPHILS	H 75.6	40.0-74.0		%
LYMPHOCYTES	L 13.1	19.0-48.0		%
MONOCYTES	6.2	5.6-11.6		%
EOSINOPHIL	3.1	0.0-7.0		%
BASOPHILS	0.9	0.0-1.5		%
LUC	1.1	0.0-4.0		%

EMERGENCY DEPARTMENT

LAB #D1010172

PRINTED 11/01/03 21:51 Page: 1

BRADFORD REGIONAL MEDICAL CENTER
116-156 Interstate Parkway Bradford PA 16701
LAB REPORT

ALLEN, ANTHONY
BIRTHDATE: 05/02/1964 M 39
PATIENT #: 000223187
PT PHONE#: (814)362-8900
COLLECTED: 11/01/03 21:40
REPORT TO: IRWIN JR, GLENN J

REQ. PHYSICIAN: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
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COAGULATION / SEROLOGY

COAGULATION

APTT	22.1	0.0-40.0	seconds
PROTIME CONTROL	11.7		seconds
PROTHROMBIN TIME	12.4	10.0-13.0	seconds
INR	1.1	0.0-4.5	seconds

Recommended Ranges for Coumarin Using INR

	INR	Target
1. Preoperative oral anticoagulant started two weeks before surgery		
Non-hip surgery	1.5-2.5	2
Hip surgery	2-3	2.5
2. Primary and secondary prevention of deep vein thrombosis	2-3	2.5
3. Prevention of recurrent deep vein thrombosis (two or more episodes)	2.5-4.0	3
4. Prevention of arterial thrombosis including patients with mechanical heart valves	3.0-4.5	3.5

EMERGENCY DEPARTMENT

LAB #D1010172

PRINTED 11/01/03 22:21 Page: 1

Rate 75
PR 167
QRSD 101
QT 341
QTc 381
P 56
QRS -10
T 47

Normal sinus rhythm, rate 75
Early transition

01-Nov-2003 21:26:18 ANTHONY ALLEN
39 Years Male

0174
ANTHONY ALLEN
11/01/03
00022187
ER:

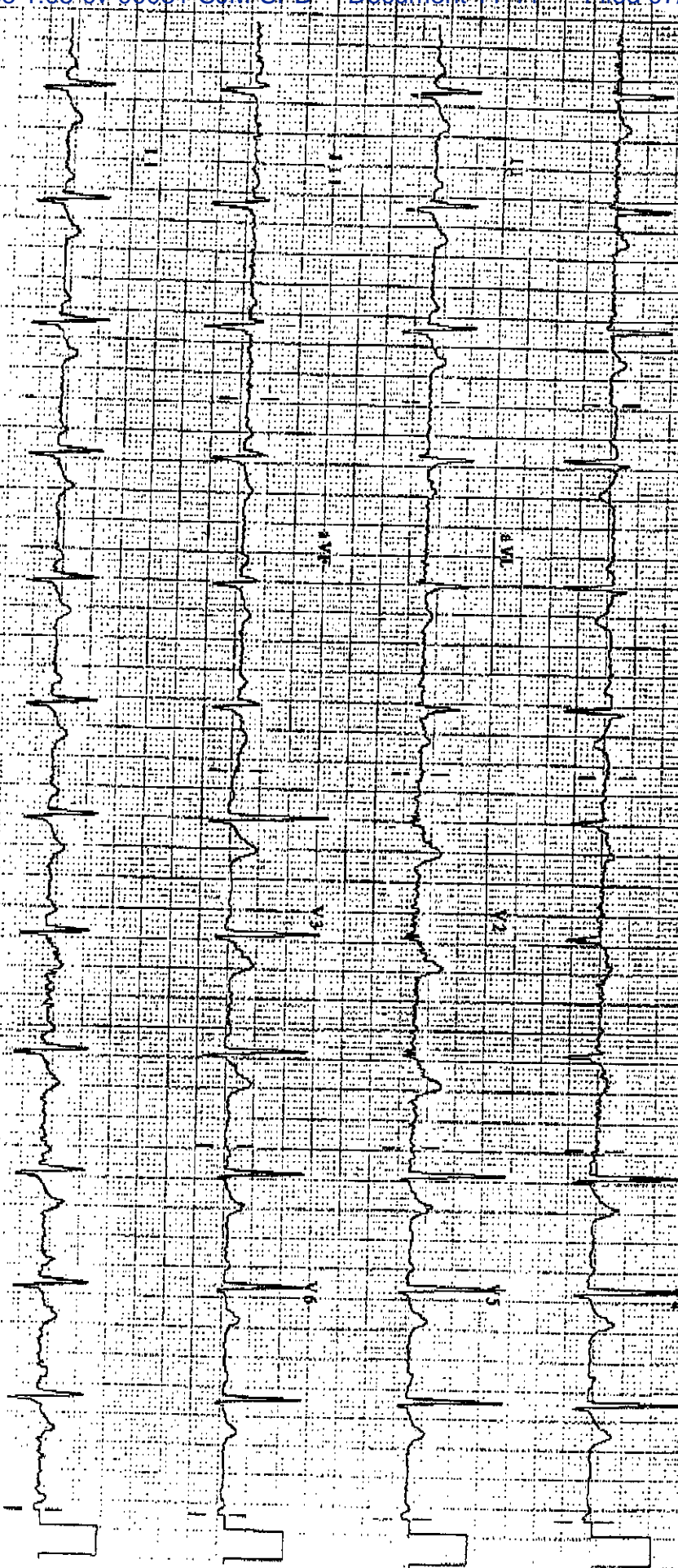
BRADFORD REGIONAL MEDICAL CENTER
Department: ER
Room: 2
Operator: AMB

SINUS RHYTHM WITH NORMAL EKG.

INTERPRETED BY: O. JAMIT, OTHERWISE NORMAL ECG

Unconfirmed MD must review.

Requested by:
IRWIN
JAM/1



25 mm/s 10 mm/mV

0.5 Hz - 40 Hz W

HP708 31669

01-Nov-2003 21:26:18 ANTHONY ALLEN
39 Years Male

0174
D1010174 11/01/03
ALLEN, ANTHONY 39 M
11/01/03 21:26:18
EKG-1

11/01/03 21:26:18
EKG+
HEADFORD REGIONAL MEDICAL CENTER
Department: ER
Room: 2
Operator: AMB

Rate 75 Normal sinus rhythm, rate 75 Normal P axis, PR, rate & rhythm
PR 167 Early transition
QRSD 101
QT 341
QTc 381
QRS positive in V2

SINUS RHYTHM WITH NORMAL EKG.

--Axis--
P 56
QRS -10
T 47

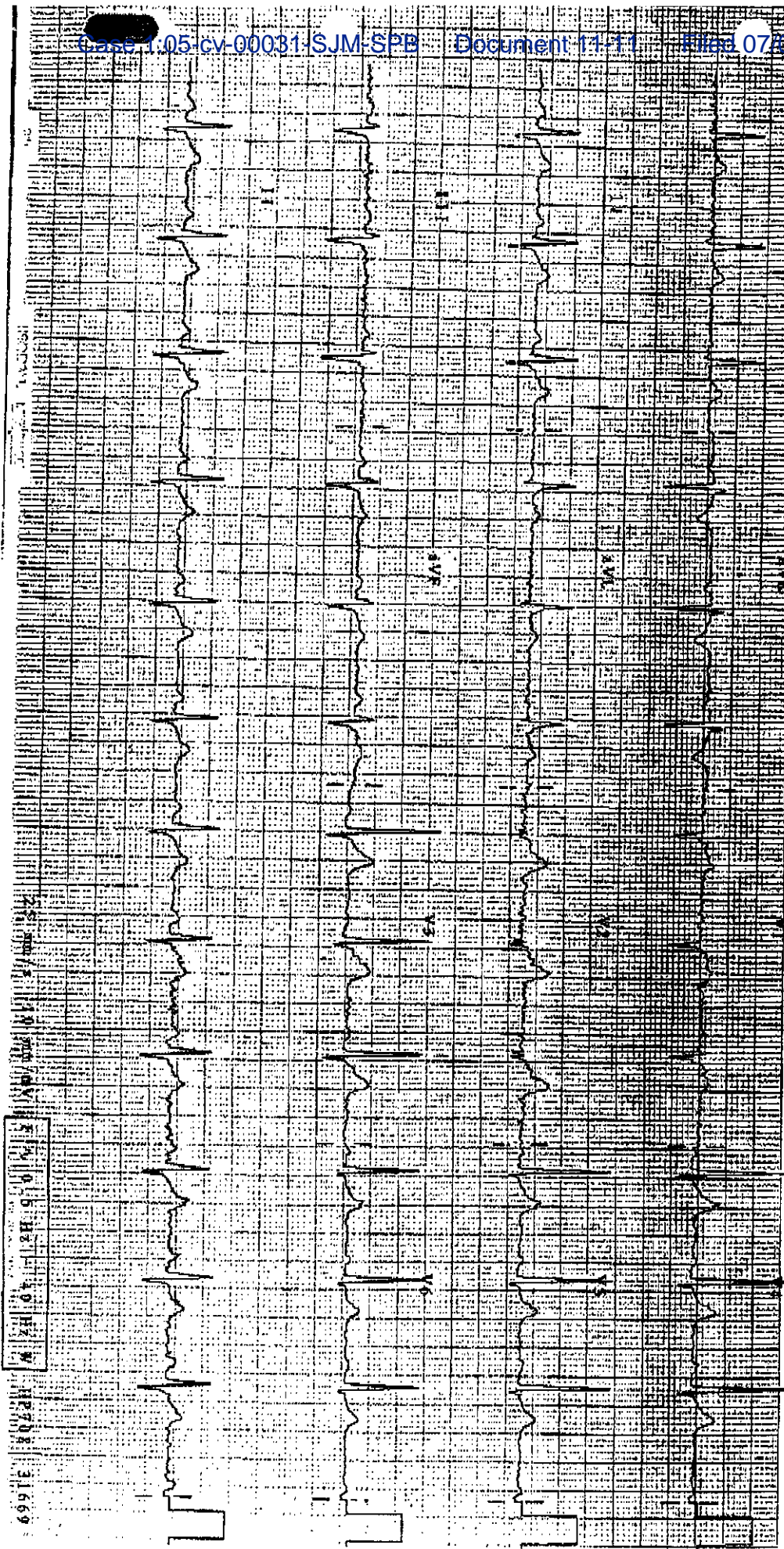
INTERPRETED BY: O. JAMIT, OTHERWISE NORMAL ECG -

Unconfirmed MD anti-review.

Requested by:

IRWIN

Jamit



0.5 Hz 4.0 Hz W 12708 31669

01-Nov-2003 20:02:57

*T=97.7
HR=60
99%
118/72*

Rate 62 AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
PR 0 POSSIBLE ATRI FLUT/FIB, A-RATE 431 V-RATE 62
ORSD 101 PROBABLE LEFT VENTRICULAR HYPERTROPHY
QT 366 ANTERIOR Q WAVES, POSSIBLY DUE TO LVH
QTc 372 MINIMAL ST ELEVATION, INFERIOR LEADS

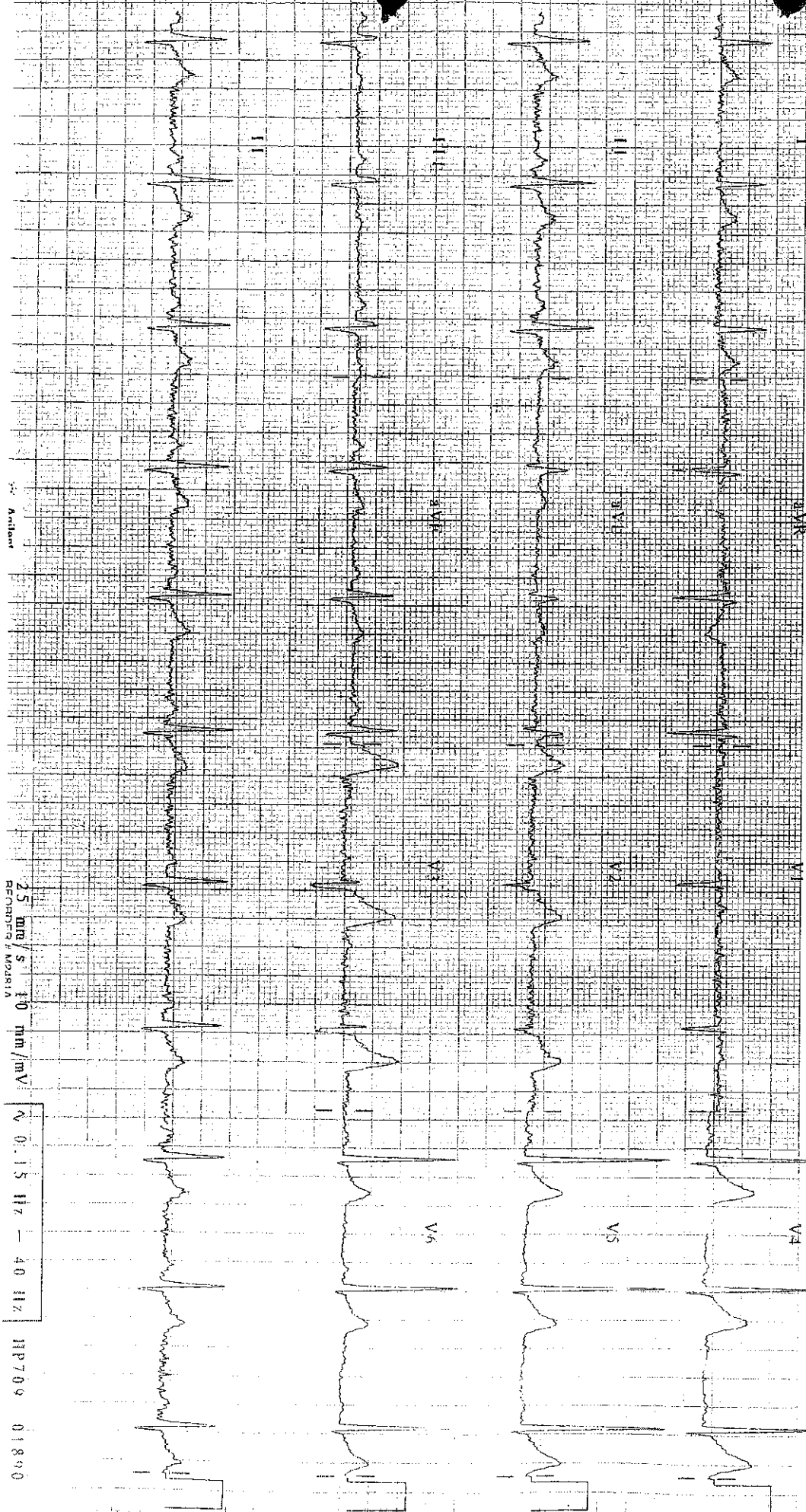
H. BEAM, MD
FCI

ECI MC KEAN

--Axis--
P 27
QRS 27
T 35

ABNORMAL ECG -

Unconfirmed diagnosis.



01-NOV-2003 20:02:57

Handwritten: I-97.7
 148/72
 98%
 148/72

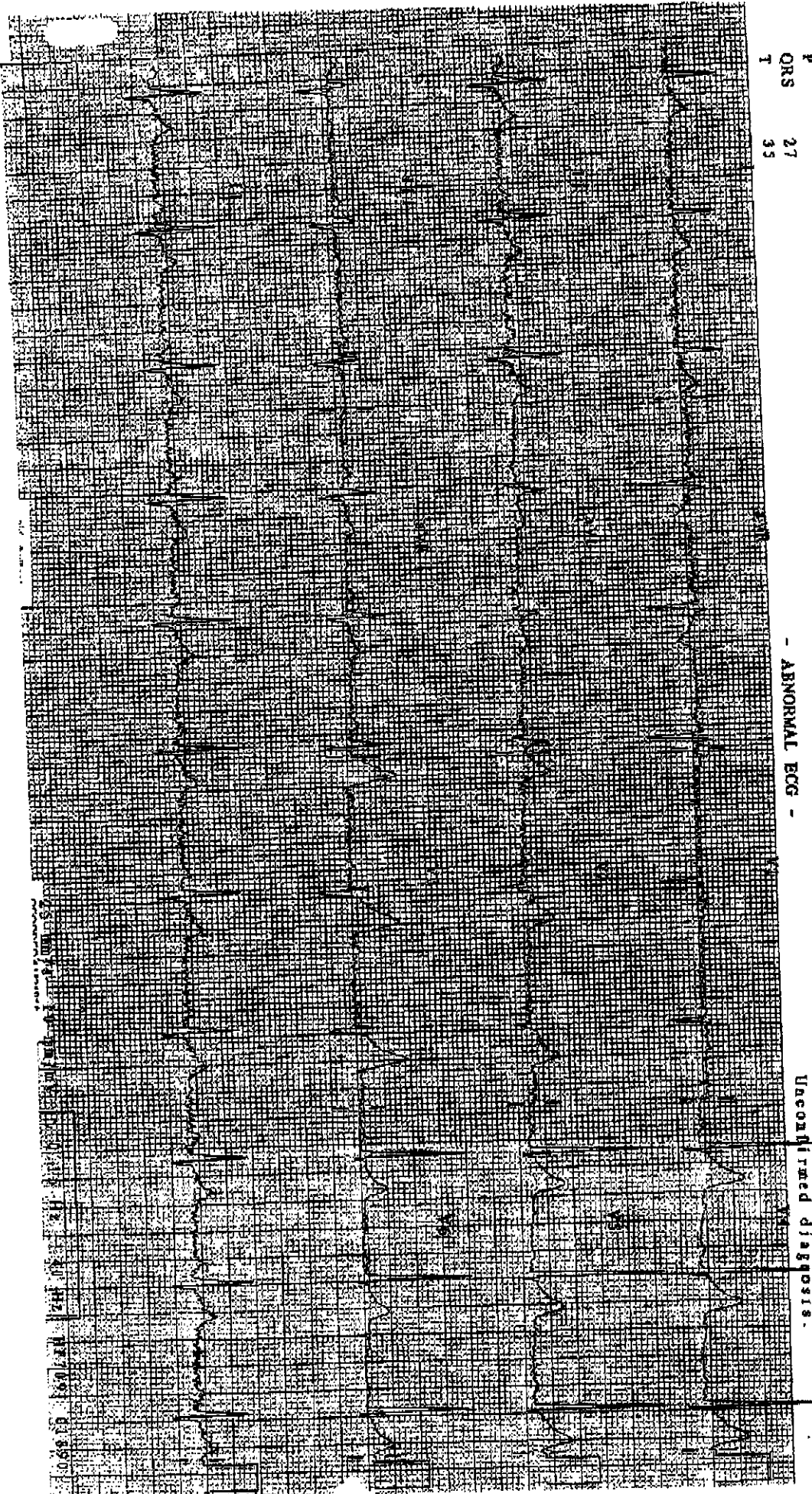
PCI MC KEAN

Rate 62 AGE NOT ENTERED. ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
 PR 0 POSSIBLE ATRI FLUT/FIB. A-RATE 431 V-RATE 62. Multiple P's
 QRS 141 PROBABLE LEFT VENTRICULAR HYPERTROPHY. LVH voltage with IAA of LAD
 QT 366 ANTERIOR Q WAVES, POSSIBLY DUE TO LVH. Q>30ms V1 V2 & LVH
 QTc 372 MINIMAL ST ELEVATION, INFERIOR LEADS. ST>.06mv II III aVF

--Axis--
 P 27
 QRS 35
 T 35

- ABNORMAL ECG -

Unconfirmed diagnosis.



APPROX. DATE ONSET	NO.	ACTIVE PROBLEMS	DATE NOTED	INACTIVE/RESOLVED PROBLEMS	DATE IF RESOLVED
	1	? H7N - ♂ evidence found			
	2	hx of ⊕ PPD Neg PPD on 6/10/94			
	3	NKDA			
	4	+ Anti HEV ERRA AFYB 7-12-98 A. GUNTHER, MD	3/95		
	4 6/7/0)	Hemorrhoids			
	5 11/20/0)	R I H			
1-27-04		Right inguinal hernia		Repair of right inguinal hernia	1-9-04
		Positive RPR at 1:1 ratio, with MHA-TA negative			
		Care Level I			

Case, Carol T
Allen, Anthony
40428-053

3/2/64

Medication Summary Sheet

Ord.Date	ALLEN, ANTHONY GEORGE	W. COLLINS
08/19/03	40428-053	(1)Refills
Exp.Date	TAKE TWO TABLETS EVERY TWELVE HOURS	
10/17/03		
Rx #	PENICILLIN VK 600 MG TAB	#30
153309		
Ord.Date	ALLEN, ANTHONY GEORGE	W. COLLINS
08/19/03	40428-053	(1)Refills
Exp.Date	TAKE ONE TABLET EVERY EIGHT HOURS AS NEEDED	
10/17/03		
Rx #	IBUPROFEN 800 MG TAB	#20
153310		
Ord.Date	ALLEN, ANTHONY GEORGE	H. BEAM,MD
09/22/03	40428-053	(2)Refills
Exp.Date	TAKE 1 TABLET WITH A FULL GLASS OF WATER 3 TIMES DAILY. IMPORTANT: INCREASE YOUR DAILY FLUID AND WATER INTAKE. FIBER TABLET	
12/20/03		#90
Rx #		
155292		
Ord.Date	ALLEN, ANTHONY GEORGE	H. BEAM,MD
09/22/03	40428-053	(2)Refills
Exp.Date	UNWRAP AND INSERT 1 SUPPOSITORY INTO YOUR RECTUM 2 TIMES DAILY.	
12/20/03		
Rx #	HYDROCORTISONE ACET. SUPPS. 24 25 MG SUPP	#20
155293		
Ord.Date	ALLEN, ANTHONY GEORGE	H. BEAM,MD
09/22/03	40428-053	(2)Refills
Exp.Date	APPLY VERY SMALL AMOUNT TO THE AFFECTED AREA(S) 2 TIMES DAILY.	
12/20/03		
Rx #	BACITRACIN OINT	#1
155294		
Ord.Date	ALLEN, ANTHONY GEORGE	H. BEAM,MD
10/28/03	40428-053	(0)Refills
Exp.Date	TAKE ONE TABLET THREE TIMES DAILY	
11/10/03		
Rx #	METRONIDAZOLE 250 MG TAB	#30
157572		
Ord.Date	ALLEN, ANTHONY GEORGE	H. BEAM,MD
10/28/03	40428-053	(0)Refills
Exp.Date	TAKE ONE TABLET FOUR TIMES DAILY	
11/10/03		
Rx #	PENICILLIN VK 500 MG TAB	#40
157571		
Ord.Date	ALLEN, ANTHONY GEORGE	H. BEAM,MD
11/03/03	40428-053	(0)Refills
Exp.Date	TAKE ONE CAPSULE TWICE DAILY UNTIL FINISHED	
11/17/03		
Rx #	DOXYCYCLINE 100 MG CAP	#20
157849		
Ord.Date	ALLEN, ANTHONY GEORGE	S. LABROZZI
12/01/03	40428-053	(0)Refills
Exp.Date	TAKE ONE CAPSULE TWICE DAILY FOR 10 DAYS	
12/14/03		
Rx #	DOXYCYCLINE 100 MG CAP	#20
159449		

Ord.Date	ALLEN, ANTHONY GEORGE	H. BEAM,MD
12/10/03	40428-053	(0)Refills
Exp.Date	TAKE ONE TABLET AT 7 AM, 12:00, AND 7 PM	
12/17/03		
Rx #	SIMETHICONE (QUAL) 80 TAB	#30
160137		
Ord.Date	ALLEN, ANTHONY GEORGE	H. BEAM,MD
12/10/03	40428-053	(0)Refills
Exp.Date	TAKE ONE TABLET AT 7 AM, 12:00, 7 PM THEN DISCONTINUE	
12/17/03		
Rx #	CHLORPHENIRAMINE 4 MG TAB	#15
160136		
Ord.Date	ALLEN, ANTHONY GEORGE	D. OLSON
02/03/04	40428-053	(0)Refills
Exp.Date	TAKE 1 TABLET 4 TIMES DAILY. DO NOT SKIP DOSES. (ANTIBIOTIC)	
03/03/04		
Rx #	PENICILLIN VK 500 MG TAB	#12
162851		
Ord.Date	ALLEN, ANTHONY GEORGE	W. COLLINS
09/03/04	40428-053	(1)Refills
Exp.Date	TAKE TWO CAPSULES EVERY TWELVE HOURS	
11/01/04		
Rx #	AMOXICILLIN 500 MG CAP	#30
172632		
Ord.Date	ALLEN, ANTHONY GEORGE	W. COLLINS
09/03/04	40428-053	(1)Refills
Exp.Date	TAKE ONE TABLET EVERY 8 HOURS WITH FOOD AS NEEDED	
11/01/04		
Rx #	IBUPROFEN 800 MG TAB	#20
172633		

ALLEN, ANTHONY GEORGE
40428-053
MCKEAN HOUSING FACILITY - C01
08/19/2003

FCI
McKean

FEDERAL BUREAU OF PRISONS

[illegible][illegible]

(This form may be replicated via WP)

Allen, Anthony
40428-053

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM
1. LAST NAME-FIRST NAME-MIDDLE NAME <i>Allen, Anthony</i>		2. IDENTIFICATION NUMBER <i>40428-053</i>		3. GRADE AND COMPONENT OR POSITION <i>3-71-C4</i>
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code) <i>1175 Park Place Brooklyn</i>		5. EMERGENCY CONTACT (Name and address of contact) <i>1175 Park Place Brooklyn NY 11213</i>		
6. DATE OF BIRTH <i>5-2-64</i>	7. AGE <i>40</i>	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE		9. RELATIONSHIP OF CONTACT <i>Wife</i>
10. PLACE OF BIRTH <i>Kinston Jamaica</i>		11. RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY <i>BOP DOS</i>		12b. ORGANIZATION UNIT <i>FCI McKean</i>		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>FCI McKean P.O. Box 5000 Bradford, PA 16701</i>		15. RATING OR SPECIALTY OF EXAMINER		
		16. PURPOSE OF EXAMINATION <i>A+ Bi-Annual</i>		

17. CLINICAL EVALUATION					
NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR-MAL	NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP		<input checked="" type="checkbox"/>	O. PROSTATE (Over 40 or clinically indicated)	
<input checked="" type="checkbox"/>	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		<input checked="" type="checkbox"/>	P. TESTICULAR	
<input checked="" type="checkbox"/>	C. DRUMS (Perforation)		<input checked="" type="checkbox"/>	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
<input checked="" type="checkbox"/>	D. NOSE		<input checked="" type="checkbox"/>	R. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	E. SINUSES		<input checked="" type="checkbox"/>	S. GU SYSTEM	
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT		<input checked="" type="checkbox"/>	T. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		<input checked="" type="checkbox"/>	U. FEET	
<input checked="" type="checkbox"/>	H. OPHTHALMOSCOPIC		<input checked="" type="checkbox"/>	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)		<input checked="" type="checkbox"/>	W. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		<input checked="" type="checkbox"/>	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST		<input checked="" type="checkbox"/>	Y. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)		<input checked="" type="checkbox"/>	Z. NEUROLOGIC (Equilibrium tests under item 41)	
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)		<input checked="" type="checkbox"/>	AA. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)		<input checked="" type="checkbox"/>	BB. BREASTS	
			<input checked="" type="checkbox"/>	CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

X - tattoo x1

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES			
Restorable Teeth						Non-restorable teeth						Missing Teeth								Replaced by Dentures	
1 2 3 32 31 30 0						1 2 3 32 31 30 /						X X X 1 2 3 X X X						1 2 3 32 31 30 X		1 2 3 32 31 30 X	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L				
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E				
G																	F				
H																	T				
T																					

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN	(4) MICROSCOPIC		
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution <i>McKean</i>	Date of Arrival <i>2/2/04</i>	Time of Arrival
Inmate's Name <i>Allen, Anthony</i>	Register Number <i>40428-053</i>	

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)
2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)
3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)
4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)
5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature <i>EHM, NKDA</i>	Date <i>2/2/04</i>	Time <i>1800</i>
Medical Staff Title <i>Paramedic</i>	<i>FCI McKean</i>	

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

NAME Allen, Anthony

IDENTIFICATION NUMBER 40428-053

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT <u>6' 1"</u>	21. WEIGHT <u>204</u>	22. COLOR HAIR <u>Black</u>	23. COLOR EYES <u>Brown</u>	24. BUILD <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	25. TEMPERATURE <u>95.4</u>
26. BLOOD PRESSURE (Arm at heart level)			27. PULSE (Arm at heart level)		
A. SITTING SYS. <u>134</u> DIAS. <u>82</u>	B. RECUMBENT SYS. <u>120</u> DIAS. <u>70</u>	C. STANDING (5 mins.) SYS. <u>120</u> DIAS. <u>70</u>			
28. DISTANT VISION		29. REFRACTION		30. NEAR VISION	
RIGHT 20/ <u>30</u> CORR. TO 20/ <u>20</u> BY <u>Left</u> S. CX		LEFT 20/ <u>30</u> CORR. TO 20/ <u>20</u> BY <u>Left</u> S. CX		CORR. TO BY	
31. HETEROPHORIA (Specify distance)					

32. ACCOMMODATION	33. COLOR VISION (Test used and result)	34. DEPTH PERCEPTION (Test used and score)	38. INTRAOCULAR TENSION																																				
RIGHT <u>WNL</u> LEFT <u>WNL</u>	<u>Passed</u>		UNCORRECTED																																				
35. FIELD OF VISION			CORRECTED																																				
RIGHT <u>WNL</u> LEFT <u>WNL</u>	36. NIGHT VISION (Test used and score)	37. RED LENS TEST																																					
39. HEARING	40. AUDIOMETER		41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																				
RIGHT WV /15 SV /15	<table border="1"> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td></td> <td>256</td> <td>512</td> <td>1024</td> <td>2048</td> <td>2896</td> <td>4096</td> <td>6144</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			250	500	1000	2000	3000	4000	6000	8000		256	512	1024	2048	2896	4096	6144	8192	RIGHT									LEFT									
	250	500	1000	2000	3000	4000	6000	8000																															
	256	512	1024	2048	2896	4096	6144	8192																															
RIGHT																																							
LEFT																																							
LEFT WV /15 SV /15																																							

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Fam. Hx - none

Med/Surg Hx - rt. inguinal hernia repair 1/04

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

EHM no medical concerns

Rt. inguinal hernia repair & problems

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		45A. PHYSICAL PROFILE					
<u>None at this time</u>		P	U	L	H	E	S
46. EXAMINEE (Check)		45B. PHYSICAL CATEGORY					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR <u>Reg. housing, duty,</u>							
B. <input type="checkbox"/> IS NOT QUALIFIED FOR							
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A	B	C	E		
48. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE					
<u>J. Glenn, FNP-C</u>		<u>[Signature]</u>					
49. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE					
<u>FCL McKean</u>		<u>[Signature]</u>					
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)		SIGNATURE					
<u>3041 MD</u> <u>Clinical Director</u>		<u>[Signature]</u>					
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		SIGNATURE					

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM
1. LAST NAME-FIRST NAME-MIDDLE NAME <i>Allen, Anthony</i>		2. IDENTIFICATION NUMBER <i>40428-053</i>		3. GRADE AND COMPONENT OR POSITION
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code) <i>Same</i>		5. EMERGENCY CONTACT (Name and address of contact) <i>300 Legion St Brooklyn, N.Y. 11212 vynnie Allen mother Teddy Allen brother</i>		
6. DATE OF BIRTH <i>3-2-64</i>	7. AGE <i>37</i>	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT <i>Mother or brother</i>	
10. PLACE OF BIRTH <i>Jamaica WI</i>		11. RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY <i>BOPDOT</i>		12b. ORGANIZATION UNIT <i>mckean</i>		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY <i>N/A</i> b. CIVILIAN <i>←</i>
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>FCI mckean Box 5000 Bradford, PA</i>		15. RATING OR SPECIALTY OF EXAMINER <i>Hiv - blood sugar - or necessaries</i>		
		16. PURPOSE OF EXAMINATION <i>Bi Annual</i>		

17. CLINICAL EVALUATION

NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR-MAL	NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP		<input checked="" type="checkbox"/>	O. PROSTATE (Over 40 or clinically indicated)	
<input checked="" type="checkbox"/>	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		<input checked="" type="checkbox"/>	P. TESTICULAR	
<input checked="" type="checkbox"/>	C. DRUMS (Resonance)		<input checked="" type="checkbox"/>	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
<input checked="" type="checkbox"/>	D. NOSE		<input checked="" type="checkbox"/>	R. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	E. SINUSES		<input checked="" type="checkbox"/>	S. G-U SYSTEM	
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT	(1)	<input checked="" type="checkbox"/>	T. UPPER EXTREMITIES (Strength, range of motion)	
	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		<input checked="" type="checkbox"/>	U. FEET	
	H. OPHTHALMOSCOPIC		<input checked="" type="checkbox"/>	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)			W. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		<input checked="" type="checkbox"/>	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	(2)
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST		<input checked="" type="checkbox"/>	Y. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)		<input checked="" type="checkbox"/>	Z. NEUROLOGIC (Equilibrium tests under item 41)	
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)		<input checked="" type="checkbox"/>	AA. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)	(3)	<input checked="" type="checkbox"/>	BB. BREASTS	
			<input checked="" type="checkbox"/>	CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

① - missing teeth ↑ ↓

③ pt. has extremely large inguinal hernia (R) which extends down into scrotal sac. PT. states it causes no problems unless he eats "greasy foods" which causes pain in this area.

② - (L) knee scar > bike accident
(R) elbow
facial scars from childhood
Tattoo - (L) chest

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																
Testorable teeth				Non-testorable teeth				Missing teeth				Replaced by Dentures					Fixed Partial Dentures															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	

19. TEST RESULTS (Copies of results are preferred as attachments)

1. URINALYSIS: 1) SPECIFIC GRAVITY		2. CHEST X-RAY OR PPD (Place, date, film number and result)	
2) URINE ALBUMIN		3) MICROSCOPIC	
3) URINE SUGAR		4) OTHER TESTS	
5) CYPHILIS SEROLOGY (Specify test used and results)		6) BLOOD TYPE AND RH FACTOR	

NAME <i>Allen Anthony</i>		IDENTIFICATION NUMBER <i>40128-013</i>		NO. OF SHEETS ATTACHED <i>5</i>	
MEASUREMENTS AND OTHER FINDINGS					
20. HEIGHT <i>72 1/2"</i>	21. WEIGHT <i>210 lbs</i>	22. COLOR HAIR <i>Black</i>	23. COLOR EYES <i>Brown</i>	24. BUILD <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	25. TEMPERATURE <i>97°</i>
26. BLOOD PRESSURE (Arm at heart level)			27. PULSE (Arm at heart level)		
A. SITTING SYS. <i>100</i> DIA. <i>60</i>	B. RECLINING SYS. <i>100</i> DIA. <i>60</i>	C. STANDING 15 mins. <i>100</i> DIA. <i>60</i>	D. SITTING 15 mins. <i>72</i> DIA. <i>44</i>	E. RECLINING 15 mins. <i>72</i> DIA. <i>44</i>	F. STANDING 15 mins. <i>72</i> DIA. <i>44</i>
28. DISTANT VISION		29. REFRACTION		30. NEAR VISION	
RIGHT 20' <i>100</i>	CORR. TO 20' <i>100</i>	BY <i>S</i>	CX <i>S</i>	CORR. TO <i>S</i>	BY <i>S</i>
LEFT 20' <i>100</i>	CORR. TO 20' <i>100</i>	BY <i>S</i>	CX <i>S</i>	CORR. TO <i>S</i>	BY <i>S</i>
31. HETEROPHORIA (Specify distance) <i>5 ft</i>					
ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT
32. ACCOMMODATION		33. COLOR VISION (Test used and result) <i>Shellen Pass</i>		34. DEPTH PERCEPTION (Test used and score)	
RIGHT <i>NCL</i>	LEFT <i>NCL</i>			UNCORRECTED	
				CORRECTED	
35. FIELD OF VISION		36. NIGHT VISION (Test used and score)		37. RED LENS TEST	
RIGHT <i>NCL</i>	LEFT <i>NCL</i>			38. INTRAOCULAR TENSION	
				RIGHT LEFT	
39. HEARING		40. AUDIOMETER			
RIGHT WV	/15 SV	/15	250	500	1000
			256	512	1024
			2048	2896	4096
			6144	8192	
LEFT WV	/15 SV	/15			
41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

E.H. 37 yr old E no major health concerns or recurrent problems.

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

- Pt. is non-smoker. Normally wears glasses to correct 20/100 vision bil.
- Extremely large, asymptomatic @ inguinal hernia
- Pt. is concerned about a reported @ PPD from 1994. IM states this was an error and would like it corrected.

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

N/A

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
- B. ☐ IS NOT QUALIFIED FOR

Full duty

45B. PHYSICAL CATEGORY

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

N/A

A	B	C	E

48. TYPED OR PRINTED NAME OF PHYSICIAN

Bonnie A Saylor, NP

SIGNATURE

Bonnie Saylor, NP

49. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

*Dr. Olson MD
Clinical Director*

SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE